

SERIAL NUMBER 09/244,374 REISSUE	FILING DATE 02/04/99	CLASS 450	GROUP ART UNIT 3741	ATTORNEY DOCKET NO. 1575.001
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APPLICANT

DAVID L. HOLLIDAY, JAMES ISLAND, SC.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A RE OF 08/617,507 03/15/96 PAT 5,769,688

ok

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

none

FOREIGN FILING LICENSE GRANTED 03/08/99

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SC	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>CH</u> Initials _____					

ADDRESS

B CRAIG KILLOUGH  
134 MEETING STREET  
SUITE 300 P O DRAWER H  
CHARLESTON SC 29401

TITLE

ATHLETIC BREAST AND CHEST PROTECTOR

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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